Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL0411021 07/12/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **101 ANDREA DRIVE ANDREA DRIVE** JAMESTOWN, NC 27282 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on July 12, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients. V 108 27G .0202 (F-I) Personnel Requirements V 108 RTL will complete persons specific on 9/10/24 all clients and have all staff trained and 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS in-serviced. (f) Continuing education shall be documented. (g) Employee training programs shall be Residential Director will retrain RTL to provided and, at a minimum, shall consist of the ensure all staff have received training in 9/10/24 following: (1) general organizational orientation: Person Specific on current persons (2) training on client rights and confidentiality as support and newly admitted delineated in 10A NCAC 27C, 27D, 27E, 27F and individuals 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the To be monitored by quarterly peer client as specified in the treatment/habilitation review. (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all RECEIVED times when a client is present. That staff member shall be trained in basic first aid JUL 30 2024 including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid DHSR-MH Licensure Sect techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. Division of Health Service Regulation Unite Kegional Delector (x6) Date

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL0411021 B. WING_ 07/12/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 ANDREA DRIVE ANDREA DRIVE JAMESTOWN, NC 27282 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 108 Continued From page 1 V 108 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure client-specific training for 3 of 3 audited staff (Staff #1, Staff #2 and the Residential Manager). The findings are: Review on 7/12/24 of Staff #1's personnel record revealed: -Hire date of 3/21/22. -No documentation of client-specific training regarding Clients #1, #2 and #3. Review on 7/12/24 of Staff #2's personnel record revealed: -Hire date of 4/1/24. -No documentation of client-specific training regarding Clients #1, #2 and #3. Review on 7/12/24 of the Residential Manager's personnel record revealed: -Hire date of 2/26/24. -No documentation of client-specific training regarding Clients #1, #2 and #3. Interview on 7/12/24 with Staff #2 revealed: -He was hired in April 2024 as a direct care staff, -He worked from Wednesday of one week to Wednesday of the next week. -He believed the Residential Manager (RM) and

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL0411021 07/12/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **101 ANDREA DRIVE** ANDREA DRIVE JAMESTOWN, NC 27282 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 108 Continued From page 2 V 108 Qualified Professional (QP) went over client-specifics with him. Interview on 7/12/24 with the QP revealed: -"Nothing is documented about client-specific training." -She would follow up with staff to ensure client-specific training was completed and gets documented. Residential Team Leader or Residential 7/31/24 V 736 27G .0303(c) Facility and Grounds Maintenance V 736 Manager will submit Facility Maintenance ticket to address the following issues: 10A NCAC 27G .0303 LOCATION AND -- Ceiling air vent in 1st client bathroom **EXTERIOR REQUIREMENTS** (c) Each facility and its grounds shall be - Ceiling air vent grill in hallway outside of maintained in a safe, clean, attractive and orderly clients 2 and 4 bedroom. manner and shall be kept free from offensive odor. - The 2nd client bathroom, the walk-in shower black substance on bottom 2 sides, area around This Rule is not met as evidenced by: the drain. Based on observation and interview, the facility was not maintained in a safe and clean manner. -The floor at the right edge and right corner of The findings are: the walk-in shower and piece of edging 2 feet in length for substance in the crevices. Observation of the facility on 7/12/24 at 10:59 am -Stain that was semi-circular in shape and -Ceiling air vent in 1st client bathroom had a approximately 3x3 on carpet outside 2nd client black-colored substance around the edges of the bathroom. -Celling air vent grill in the hallway outside of For the next 3months RTL/RM will complete Clients #2 and #4's bedroom had built up dust the environmental checklist send to Residential which covered at least 3/4 of the grill. Director for review. -In the 2nd client bathroom, the floor of the walk-in shower had a black substance around the RD will in-service RTL/RM on completing bottom 2 sides, the bottom back and front edges Environmental Checklist and submitting 7/31/24 of the shower, as well as a black-colored area maintenance ticket to address in a timely around the drain with a 1'x1' area near the drain. manner. -The floor at the right edge and right corner of the walk-in shower and a piece of edging

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PRINTED: 07/16/2024 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING_ MHL0411021 07/12/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 ANDREA DRIVE ANDREA DRIVE JAMESTOWN, NC 27282 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 736 Continued From page 3 V 736 approximately 2 feet in length had a black substance in the crevices. -A dark and a light stain that was semi-circular in shape and approximately 3' x 3' was located on the carpet outside in the hallway of the 2nd client bathroom. Interview on 7/12/24 with the Qualified Professional revealed: -She believed the black substance around the ceiling air vent in the 1st client bathroom came from condensation. -She had not noticed the dust build on the ceiling vent grill in the hallway. -She believed the walk-in shower floor in the 2nd client bathroom needed to be cleaned and new grout put down. -She would have maintenance to look at the shower drain in the 2nd bathroom to determine if it needed to be replaced. -The black substance around the outside of the walk-in shower likely came from the shower water. -The carpet outside the 2nd client bathroom appeared to be from water leakage. -She would follow up with maintenance and have these identified areas addressed.

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